

INJURY

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF WORKERS CLAIMS
CLAIM NO(S). _____
BEFORE ALJ _____

PLAINTIFF

VS.

DEFENDANT(S)

STATEMENT OF PROPOSED STIPULATIONS
AND
NOTICE OF CONTESTED ISSUES

I. STIPULATIONS

1. Coverage under the Act.
2. An employment relationship existed between the employee and employer at all relevant times.
3. Employee sustained a work-related injury(ies) on _____
4. The employer received due and timely notice of employee's injury(ies).
5. Employee's average weekly wage.
6. Temporary total disability benefits were paid at the rate of \$_____ per week from _____ through _____, for a total of \$_____.
7. The employer has paid a total of \$_____ for medical expenses as a result of this injury.
8. The following medical expenses are in dispute:

Medical provider	Service	Date	Amount	Nature of Dispute

9. Employee _____ has _____ has not returned to work.
10. Employee's current weekly wage is \$_____
11. Employee _____ does _____ does not retain physical capacity to perform the type of work he did at date of injury.
12. Employee's date of birth: _____

13. Employee's educational level: _____
14. Employee's specialized or vocational training: _____
15. Other matters: _____
- _____
- _____
- _____

II. CONTESTED ISSUES

The following issues are contested:

1. _____
2. _____
3. _____
4. _____
5. _____

PLEASE NOTE:

1. All matters not in controversy should be stipulated.
2. The issues listed above will be considered by the Administrative Law Judge.

This the _____ day of _____, 200____.

Attorney